

STIGMA, EMOTIONAL SUPPORT, AND SOCIAL STRESS: CORRELATES OF DEPRESSION IN HIV+ ADULTS

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Depression wreaks havoc on the lives it touches and can trigger decreased productivity, anhedonia, and poor health consequences. In people with HIV/AIDS (PLH) decreased immune function and decreased medication adherence, can mean the difference between life and death. Research is sparse on correlates of depression (stigma, disclosure, social stress, and emotional support) in PLH. Disclosure compounds the relationship between stress, symptoms, and depression since treatment for PLH necessitates disclosure.

This study used a diverse gender-balanced sample (n=199, 47% women, 57% African-American, 12% Latino, aged 20-65), examining the relationships between depression, stigma, emotional support, disclosure, and social stress. The study's hypotheses were that stigma (Berger Stigma Scale) and social stress (UCLA Social Support Inventory) would be positively correlated with depression (CES-D) and that emotional support (UCLA SSI) would be inversely correlated with depression. After controlling for demographic and medical factors, a stepwise linear regression analysis (adjusted $R^2 = .32$ [F(13,185)=8.3, $p < .001$]) suggests that social stress ($t = 3.33, p < .001$) and HIV-related symptoms ($t = 5.11, p < .001$) are positively associated with depression and that emotional support ($t = -3.05, p < .003$) is negatively associated with depression. Additionally, moderation effects were found between social stress and depression when disclosure was the outcome variable ($\beta = .15, p < .03$).

These findings suggest that therapeutic techniques to increase emotional support, decrease social stress, decrease perceptions of stigma, and aid in symptom management may lead to lower rates of depression in PLH. The findings also suggest that decreasing depression and perceptions of stigma may have positive effects on disclosure among PLH.